

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

Toxic Chemical Category or Generic Name

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.M
2.	2.	2.M
3.	3.	3.M
4.	4.	4.M

6.2 ____ OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.)

Off-Site Location Name

Off-Site Address

City		State		County		Zip	
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Is location under control of reporting facility or parent company?

☐

Yes

☐

No

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.M
2.	2.	2.M
3.	3.	3.M
4.	4.	4.M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is here (example: 1, 2, 3, etc.)

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b			
	1 <input type="text"/> 2 <input type="text"/>	7A.1c	7A.1d	7A.1e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			Yes No
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b			
	1 <input type="text"/> 2 <input type="text"/>	7A.2c	7A.2d	7A.2e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			Yes No
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b			
	1 <input type="text"/> 2 <input type="text"/>	7A.3c	7A.3d	7A.3e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			Yes No
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b			
	1 <input type="text"/> 2 <input type="text"/>	7A.4c	7A.4d	7A.4e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			Yes No
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b			
	1 <input type="text"/> 2 <input type="text"/>	7A.5c	7A.5d	7A.5e
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			Yes No
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>